STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. BUILDING _____ B. WING _____	08/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE/FLETCHER	86 OLD AIRPORT ROAD FLETCHER, NC 28732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review, and staff interviews the facility failed to code the Minimum	F 278	This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. * The MDS assessment for resident #85 was modified on 8/17/17 to reflect that the pressure relieving mattress ordered was coded on the assessment. This modification was done by the MDS nurse. The corrected MDS was also transmitted on 8/17/17. The Executive Director (ED) met with the MDS nurse to review this error and do a root cause analysis on 8-18-17. The MDS nurse did not code the air mattress device on the admission MDS of 3-16-17. After much discussion, it was determined that this miscoding was due to human error. This determination was made on 8-18-17. * 1) The Executive Director reviewed the regulation with the MDS nurse regarding the nature of this citation on 8-28-17. 2) An audit was completed for all active residents. This audit checked to ensure that section M 1200 A & B matched the TAR. Any errors identified were corrected on that same day by the MDS nurse. This audit was completed by the ED, MDS nurse, Dir of Nursing (DON), and Assistant Dir of Nursing (ADON). The audit was completed on 9-3-17. 3) At least weekly, prior to transmission, the DON and/or ADON will complete an audit to verify accurate coding of pressure relieving devices to the bed starting 9-1-4-17. Any inaccuracies will be corrected by the MDS nurse prior to transmission. * The DON will bring the results of this audit to the monthly QAPI meeting and present the findings. This will continue for a period of 3 months. The QAPI team will make adjustments to this plan as deemed necessary to ensure compliance.	9-15-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed Sue Robinson	Executive Dir	9-4-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	Continued From page 1 Data Set to accurately reflect a resident's skin and ulcer treatment for 1 of 2 residents sampled for pressure ulcers (resident # 85). Findings included: Resident # 85 was admitted to the facility on 3/9/17 with diagnoses that included Parkinson's disease and anorexia. The admission Minimum Data Set (MDS) dated 3/16/17 was not coded for pressure reducing device for bed. Medical record review for Resident # 85 revealed a doctor's order dated 3/10/17 for an air mattress. A treatment administration record for Resident # 85 dated March 2017 revealed an air mattress in place from 3/10/17 to 3/31/17. On 8/17/17 at 9:59 AM an interview with the MDS nurse stated Resident # 85 was admitted to the facility on 3/10/17 with a stage 4 pressure ulcer and interventions in place included a pressure reduction device to the bed and chair. The MDS nurse stated she did not code pressure reducing device for bed on the admission MDS for Resident # 85. The MDS nurse verified that Resident # 85 did have a pressure reduction device on his bed during the assessment period. The MDS nurse further stated the pressure reduction mattress should have been coded on the admission MDS for Resident # 85. An interview on 8/17/17 at 10:33 AM with the Administrator stated she expected for the MDS to be coded correctly. On 8/17/17 at 11:55 AM an interview with the Hospice Nurse revealed Resident # 85 was	F 278	* The ED will be responsible for implementing this acceptable Plan of Correction. * The compliance date is 9-15-17. The plan of correction is the center's credible allegation of compliance. Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	9-15-17

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F 278	Continued From page 2 admitted to the facility on 3/10/17 and was provided a pressure reduction mattress at that time.	F 278		